

Plan of Action to Manage and/or Reduce Patient Risk for Delay of Diagnosis

Plan of Action: Normal Finding-Routine Breast Cancer Screening

A complete screening includes a breast health history, CBE, and screening mammography, with subsequent correlation of the results. The breast cancer screening guidelines have been the center of consensus as well as considerable controversy (see Table V-D4). The controversy involves age at initiation, breast cancer risk status, sensitivity and specificity of the procedures, intervals between screening and the strength of language used to recommend CBE and screening mammography. Clinicians are encouraged to have written protocols for the screening/rescreening guidelines to be used in their clinical practice.

Table V-D4: Breast Cancer Screening Guidelines -- Asymptomatic Women/Average Risk

Organization	Clinical Breast Examination (CBE)	Mammography
American Academy of Family Physicians	Every 1-3 yrs at ages 30-39; annually after age 40	Every 1-2 yrs beginning at age 40
American College of Radiology	Every 3 yrs at ages 20-39; annually after age 40	Annually beginning at age 40
American College of Preventive Medicine	No recommendation	Every 1-2 yrs beginning at age 50
American Cancer Society (ACS)	CBE with periodic health maintenance visit, every 3 yrs at ages 20-39; annually after age 40	Annually beginning at age 40 y
American College of Obstetricians and Gynecologists	Annually or as appropriate starting at age 20	Every 1-2 yrs at ages 40-49, annually at age 50+
American Medical Association		Annually beginning at age 40
American College of Surgeons		Annually beginning at age 40
American College of Physicians	No recommendation	Every 2 y at ages 50-74;
American Medical Women's Association	Annually by age 40	Every 1-2 yrs beginning at age 40
National Cancer Institute	Every 1-2 yrs beginning at age 50	Every 1-2 yrs beginning at age 40
US Preventive Services Task Force	Says evidence is inconclusive to recommend for or against CBE	Every 1-2 yrs for women 40 and older

Controversy remains about the efficacy of instructing women to perform breast self-examination (BSE) as part of an early detection triad. Careful assessment of a woman's desire and ability toward self-empowerment for the early detection of breast cancer may help the clinician determine for whom the instruction is most useful.